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## **COVER LETTER**

TO: Registration S Division of Co	Section \$ orporations	* <b>*</b>	•		
SUBJECT:	NET	TENT, LLC			
		ted Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	John Going				
		Name of Person			
	NETENT, LLC				
		Firm/Company			
	444 NW 1st Ave, Suite 404				
		Address	<del></del>		
	Fort Lauderdale, FL 33301				
City/State and Zip Code					
	E-mail address: (t	hngoing@gmail.com o be used for future annual report notifica	tion)		
For further information	concerning this matter, please c	all:			
Name	John Going of Person	at ( <u><b>954</b></u> ) 7 Area Code & Daytime T	12-0552 Celephone Number		
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

61 ED 09 AUG 14 AM 10: 30

NETENT, LLC (Name of the Limited Liability Company as it now appears on our records) HASSEF F (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_\_ July 6, 2009 and assigned Florida document number \_\_\_\_\_\_ L0900064957 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: 444 NW 1st Ave, Suite 404 (Principal office address MUST BE A STREET ADDRESS) Fort Lauderdale, FL 33301 Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member <u>Title</u> Name <u>Address</u> Type of Action 444 NW 1st Ave, Suite 404 Fort Lauderdale, FL 33301 <u>MGRM</u> John Going ✓ Add Remove ☐ Add Remove Add Remove Add Remove ∏Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) AM (0: 30 August 10 Dated\_ 2009 Signature of a member or authorized representative of a member John Going Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00